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Dear Medical Provider:

Seattle Home Studies provides home study services to Washington State residents planning to adopt a child within the United States.

_____ is the potential adoptive child of an applicant.

Re-adoption procedures (also known as *adoption finalization*) require that a current medical report be submitted to court. The purpose of this exam is to ensure that the child is in good emotional and physical health, and is in a suitable, nurturing adoptive home placement.

As soon as possible, please copy the following form onto letterhead (if possible), complete in ink, and return to applicant.

Thank you for your time and assistance with this matter. Should you have any additional questions, or should you wish to discuss this process confidentially, please do not hesitate to call the number listed above.

Sincerely,

Claire Greenhill, MS, LMHC
Independent Home Study Provider

Medical Form for Child

Child's full name: _____

Child's date of birth: _____

Parent(s) Name(s) _____

This child has been a patient in my care since (date): _____

I last examined this child on (date): _____

Current Weight _____ Current Height _____

Immunization status: _____

Please check the appropriate boxes below:

✓

	This child is in overall good emotional and physical health.
	Please list the child's current or recent medical/mental conditions, including diagnoses, treatments and medications (please provide appropriate documentation as needed): _____ _____
	I believe that the potential adoptive parent(s) of this child are <i>able and willing</i> to provide nurturing care to support the emotional and physical health of this child.
	I believe this child's emotional and physical health needs are being met by his/her potential adoptive parent(s), and I fully endorse the finalization of this adoption.

Printed name of physician: _____

Business address: _____

Business phone: _____

Signature of physician: _____

License number: _____

Date: _____